

# Survey: 30-Day Post-Op

Record ID \_\_\_\_\_

## Survey Script:

**Hello, my name is \_\_\_\_\_. I am calling from the New England Baptist Hospital, Boston, to follow up on the aspirin study that we had discussed during your hospital stay. This is a brief survey that will only take a minute or two of your time. Is this a good time to talk?**

1. Have you been diagnosed with a clot, either deep vein thrombosis or pulmonary embolism, after being discharged from New England Baptist Hospital?

- ☐ Yes  
☐ No

Approximately how many days after the surgery did you have the clot? \_\_\_\_\_

Approximate Date \_\_\_\_\_

What is the name of the hospital or facility where you were treated? \_\_\_\_\_

What blood thinner are you receiving?

- ☐ Warafin or Coumadin  
☐ Xarelto  
☐ Eliquis  
☐ Other

Other: \_\_\_\_\_

2. Have you experienced any excessive bleeding after being discharged from New England Baptist Hospital?

- ☐ Yes  
☐ No

If yes, what bleeding? \_\_\_\_\_

Have you had bleeding in the replaced joint?

- ☐ Yes  
☐ No

Did you require any of the following to treat bleeding?

- ☐ Blood transfusions  
☐ Surgery  
☐ Procedures  
☐ No

What is the name of the hospital or facility where you were treated? \_\_\_\_\_

3. How compliant are you (or were you) with your aspirin therapy?

- ☐ >90%  
☐ 75-90%  
☐ 50-75%  
☐ < 50%

**Thank you for your time Mr./Ms. \_\_\_\_\_. If you have any questions or concerns please call Dr. Sharda at the number provided to you in the consent form (which is 617-754-5900). Have a good day.**

Name of Caller

- ☐ Dr. Sharda  
☐ Other

Caller Name:

\_\_\_\_\_